ZILKA · KOTAB

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OCT 3 0 2006

100 PARK CENTER PLAZA, SUITE 300 SAN JOSE, CA 95113 TELEPHONE (408) 971-2573 FAX (408) 971-4660

## FAX COVER SHEET

Date:	October 30, 2006	Phone Number	Fax Number
To:	Examiner Sandoval	· ·	(571) 273-8300
From:	Kevin J. Zilka		

Docket No.: NAIIP466/01.042.01 App. No: 09/911,765

Total Number of Pages Being Transmitted, Including Cover Sheet: 27

Message;	
Please deliver to Examiner Sandoval.	
Thank you  Keyla J. Zilka	
Original to follow Via Regular Mail X Original will Not be Sent \( \sqrt{1}\) Original w	

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IF YOU DO NOT RECEIVE ALL PAGES OR IF YOU ENCOUNTER
ANY OTHER DIFFICULTY, PLEASE PHONE \_\_\_\_\_\_Erica\_\_\_\_\_
AT (408) 971-2579 AT YOUR EARLIEST CONVENIENCE

October 27, 2006

						PATENT	
	<u>IN T</u>	HE UNITED S	TATES PATE	NT AND TRADEMARK	OFFICE	FALENI	
In	re application of:	•		) )		RECEIVED CENTRAL FAX CENTER	
Mu	nttik et al.			) Art Unit: 2132		OCT 3 0 2006	
Ap	plication No. 09/	911,765		) ) Examiner: Sandoval, K	ristin D.		
File	Filed: 07/25/2001			) ) Date: 10/30/2006			
For	:: ON-ACCESS	MALWARE!	SCANNING	) ) )			
_			I hereby certif Patents, Algue Signed:	CERTIFICATE OBJEACSIN A chart this correspondence is being in addrig. VA 22313-14-50 at leasimine in Erica L. Farlow	acsimile trans	smitted to the Commissioner for 1) 273-8300 on the above date.	
P.O. Box 14 Alexandria,	ner for Patents 450 VA 2233-1450			Diga L. Pallow			
Sir:							
				identified application.			
Ine i	ee has been calcul	lated as shown i	below.				
TOTAL	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE	
CLAIMS INDEP		51	00	X25 = \$	OR	X50 = \$0	
CLAIMS		06		X100 = \$	OR	X200 = \$200	
	Dependent Claim Pro	esent		<b>S</b> 0		\$0	
and ree No	t Previously Paid	•	TOTAL	\$		\$ <u>200.00</u>	
	Applicant(s) hereby petition for a <u>Two Month</u> extension of time to respond to the outstanding Office Action.  Applicant(s) believe that no additional Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.						
□ ⊠	Enclosed is o If the require please charge	ur Check No. in I fees are missing	g or any addition lit any overpays	to cover the additional claim nal fees are required to facilite nent to Deposit Account No.5	ate filing th	ne enclosed response,	
				Spectfully submitted,  Ka-Kotab, PC			
			Re	vin J. Žilka Estration No. 41,429			
P.O.	Box 721120			~ ····································			

(Revised 1/95)

San Jose, CA 95172-1120 Telephone: (408) 971-2573

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re	application of:					COPY
Mut	tik et al.			Art Unit: 2132		
Арр	Application No. 09/911,765			) Examiner: Sandoval, I	Kristin D.	RECEIVED CENTRAL FAX CENTER
Filed	Filed: 07/25/2001			Date: 10/30/2006		OCT 3 0 2006
For:	For: ON-ACCESS MALWARE SCANNING			) )		
				) 		
			I hereby certify Patents, Aligne	CERTIFICATE OF FACSI that this correspondence is being ddrip, VA 22313-1450 at facsimile	facsimile បង្គាន	mitted to the Commissioner for 273-8300 on the above date.
ı			Signer:	Erica L. Farlow	<u> </u>	5
Commissione P.O. Box 145	50			Elika L. Fallow		
	VA 2233-1450	•				•
Sir:	nitted herewith is	s an amendment	t in the above-	identified application.		
	e has been calcui			dendries approader.		
7110 10	Claims					
	Remaining After <u>Amendment</u>	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS INDEP	_51	51		X25 = \$	OR	X50 = \$0
CLAIMS	08	06	02	X100 = \$	OR	X200 = \$200
	pendent Claim Pro Previously Paid	esent		\$0		\$0
and rec Not	rice lously a mo		TOTAL	\$		\$ <u>200.00</u>
X X	Applicant(s) extension is r Commissions	believe that no ac equired, Applicar or to charge the re	lditional Extensint(s) hereby peti	extension of time to respond ion of Time is required; how tion that such an extension t an Extension of Time under	ever, if it is se granted ar	determined that such an authorize the
	If the require please charge	ur Check No. in d fees are missing	g or any addition lit any overpayn	to cover the additional clair nal fees are required to facilinent to Deposit Account No. 1988.	tate filing th	e enclosed response,
				Spectfully submitted, Ka-Kotab, PC		
			X Re	vin J. Zilka gistration No. 41,429		
San J	Box 721120 ose, CA 95172- phone: (408) 971					

(Revised 1/96)

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- 1 - CENTRAL FAX CENTER

OCT 3 0 2006

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Muttik et al.

Application No. 09/911,765

Piled: 07/25/2001

For: ON-ACCESS MALWARE SCANNING

Art Unit: 2132

Date: 10/30/2006

Date: 10/30/2006

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 at facsimile number: (671) 1273-8300 on the above

Signed:

Brica L. Farlow

## <u>AMENDMENT B</u>

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Examiner:

In response to the Office Action mailed 06/06/2006, please enter the following amendments believed to place the claims in condition for allowance.